

Work Order ID 143950

March 28, 2016 2:59:17 PM

\*143950\*

Page 1

Item ID: D212-725-1-078

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Gusset

Stop \*NS2\*

Start Date: 4/4/2016 Start Qty: 5.00 \*5\*

Cust Item ID:

Required Date: 4/14/2016 Req'd Qty: 5.00 \*5\*

Customer:

Reference:

Approvals: Process Plan: SLS Date: 20160329 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
| D4223    | A            |

100 0.00

\*100\*

Waterjet

FLOW CNC Waterjet

Memo

0.00

1-Cut as per Dwg (SAME FLAT PATTERN AS -077)

Dwg Rev: A

Prog Rev: A

2-Deburr if necessary

(5) 02/16/03/31

110 QC2- Inspect parts off machine FAI/FAIB 0.00

\*110\*

QC

Quality Control

Memo

0.00

(5) 02/16/03/31

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                     |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                     |  |  |

| Root Cause                                  |  |                                                |  | FAULT CATEGORY                                  |  |                                                            |  |
|---------------------------------------------|--|------------------------------------------------|--|-------------------------------------------------|--|------------------------------------------------------------|--|
| Environment <input type="checkbox"/>        |  | No Re-verification <input type="checkbox"/>    |  | Pressure/Forced <input type="checkbox"/>        |  | Temperature/Cure <input type="checkbox"/>                  |  |
| Design <input type="checkbox"/>             |  | Operator <input type="checkbox"/>              |  | Bending <input type="checkbox"/>                |  | Set-up <input type="checkbox"/>                            |  |
| Doc/Data <input type="checkbox"/>           |  | Offset/Setup <input type="checkbox"/>          |  | Centre Not Concentric <input type="checkbox"/>  |  | BOM/Route <input type="checkbox"/>                         |  |
| Equip/Tooling <input type="checkbox"/>      |  | Supplier <input type="checkbox"/>              |  | Cracks <input type="checkbox"/>                 |  | Broken/Damage/Defect <input type="checkbox"/>              |  |
| Handling/Pre <input type="checkbox"/>       |  | Training <input type="checkbox"/>              |  | Crimp/Kink/Ripple/Wave <input type="checkbox"/> |  | Inspection Incomplete/Unqualified <input type="checkbox"/> |  |
| Material <input type="checkbox"/>           |  | Use for Testing <input type="checkbox"/>       |  | Cuffs <input type="checkbox"/>                  |  | Contamination <input type="checkbox"/>                     |  |
| Internal Transport <input type="checkbox"/> |  | Poor Information <input type="checkbox"/>      |  | Crushing <input type="checkbox"/>               |  | Countersink <input type="checkbox"/>                       |  |
| Tribal Knowledge <input type="checkbox"/>   |  | Rushing <input type="checkbox"/>               |  | Heat Treat <input type="checkbox"/>             |  | Cut Too Short <input type="checkbox"/>                     |  |
| LOA <input type="checkbox"/>                |  | Product Improvement <input type="checkbox"/>   |  | Wave/Twist in Tube <input type="checkbox"/>     |  | Instructions Incomplete/Unclear <input type="checkbox"/>   |  |
| Substation <input type="checkbox"/>         |  | Process Improvement <input type="checkbox"/>   |  | Marks/Chatter <input type="checkbox"/>          |  | Drill Holes <input type="checkbox"/>                       |  |
| Past Expiry Date <input type="checkbox"/>   |  | Manufacturing Process <input type="checkbox"/> |  | OTHER : <input type="checkbox"/>                |  |                                                            |  |
| Misidentified <input type="checkbox"/>      |  | Past Due <input type="checkbox"/>              |  |                                                 |  |                                                            |  |

# Work Order ID 143950

**\*143950\***

Page 2

March 28, 2016 2:59:17 PM

Item ID: D212-725-1-078

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Gusset

Stop

**\*NS2\***

Start Date: 4/4/2016 Start Qty: 5.00

**\*5\***

Cust Item ID:

Required Date: 4/14/2016 Req'd Qty: 5.00

**\*5\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run

Start

**\*NR1\***

Stop

**\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                          | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp                   |
|--------------------------------|---------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------------------------|
| 120                            | QC8- Inspect parts - second check                 | 0.00                 |         |        |              |               |               |                  | DAS<br>38<br>9-89                |
| <b>*120*</b>                   |                                                   |                      |         |        |              |               |               |                  |                                  |
| QC                             | Memo                                              | 0.00                 |         |        |              |               |               |                  |                                  |
| Quality Control                |                                                   |                      |         |        |              |               |               |                  |                                  |
| 121                            | Chemical conversion                               |                      |         |        |              |               |               |                  |                                  |
| 122                            | QC                                                |                      |         |        |              |               |               |                  |                                  |
| 130                            | Identify as per dwg & Stock Location: <u>ST5B</u> | 0.00                 |         |        |              |               |               |                  | MAR 31 2016<br>DAS<br>38<br>9-89 |
| <b>*130*</b>                   |                                                   |                      |         |        |              |               |               |                  |                                  |
| Packaging                      | Memo                                              | 0.00                 |         |        |              |               |               |                  |                                  |
| Packaging                      | ***FLAT PATTERN ONLY***                           |                      |         |        |              |               |               |                  |                                  |
| 140                            | QC21- Final Inspection - Work Order Release       | 0.00                 |         |        |              |               |               |                  |                                  |
| <b>*140*</b>                   |                                                   |                      |         |        |              |               |               |                  |                                  |
| QC                             | Memo                                              | 0.00                 |         |        |              |               |               |                  |                                  |
| Quality Control                |                                                   |                      |         |        |              |               |               |                  |                                  |

(5)  
(5)  
(5)

5  
DAS  
0  
9-89

MCJ

MCJ

APR 01 2016

APR 04 2016

APR 04 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | QC / QA Coordinator Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |

March 28, 2016 2:59:17 PM

**\*143950\***

**\*D212-725-1-078\***

**Required Qty: 5.00**

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

0.65

**\*M2024T3S 040\***

**\*\***

02/16/03/31

**Loc Code**

96

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

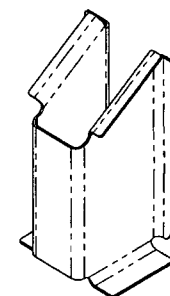
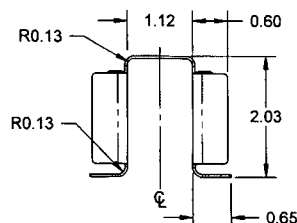
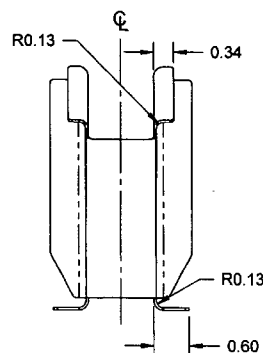
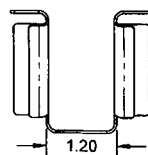


## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                   |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | Completed By                                                                                                      |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | Lead hand / Supervisor<br>Approval Verification                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | QC / QA Coordinator<br>Approval               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                   |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                   |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                   |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                   |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                   |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                                                                                                                   |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                                                                                                                   |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                                                                                                                   |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                                                                                                                   |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                   |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                                                                                                                   |  |  |



**D212-725-1-075 BRACKET**  
(MAKE FROM D212-725-1-075F FLAT PATTERN)

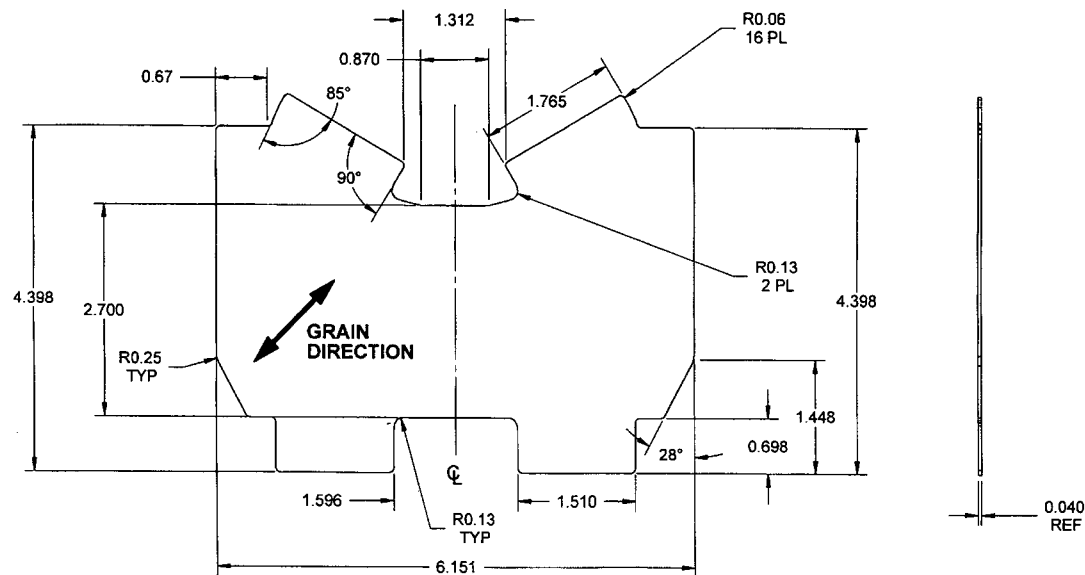
**NOTES:**

- 1) MATERIAL: MAKE FROM D212-725-1-075F FLAT PATTERN
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.034 lbs

**RELEASED**  
2011-08-25  
WMP

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|             |             |                                                                                                                                                                                                                                                                                         |              |
|-------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A NEW ISSUE |             | RF                                                                                                                                                                                                                                                                                      | 11.02.24     |
| REV.        | DESCRIPTION |                                                                                                                                                                                                                                                                                         | BY DATE      |
| DESIGN      | RF          | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                |              |
| DRAWN       | RF          |                                                                                                                                                                                                                                                                                         |              |
| CHECKED     |             | DRAWING NO.                                                                                                                                                                                                                                                                             | REV. A       |
| MFG. APPR.  |             | D4223                                                                                                                                                                                                                                                                                   | SHEET 1 OF 8 |
| APPROVED    |             | TITLE                                                                                                                                                                                                                                                                                   | SCALE        |
| DE APPR.    |             | BRACKET                                                                                                                                                                                                                                                                                 | NTS          |
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# **D212-725-1-075F FLAT PATTERN**

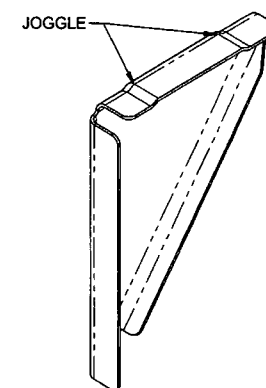
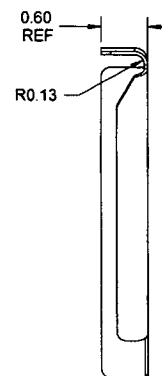
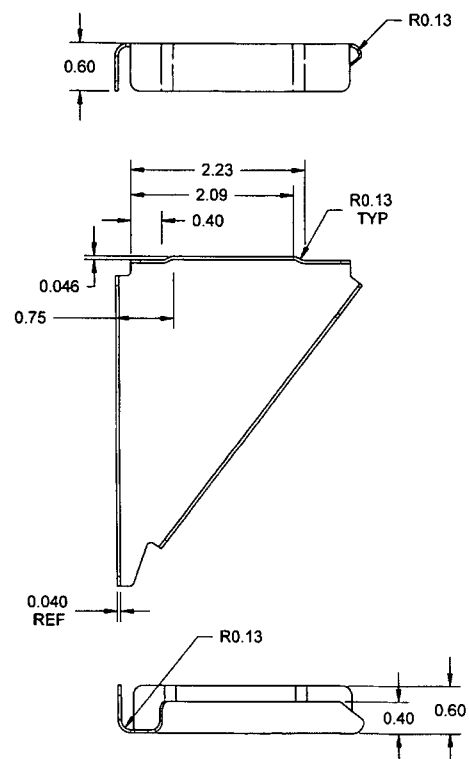
RELEASED  
2011-08-25  
JND

## **NOTES:**

- 1) MATERIAL: 2024-T3 ALUMINUM SHEET, 0.040 THICK  
PER QQ-A-250/4 OR AMS-QQ-A-250/4  
OR AMS 4037  
OR ASTM B209  
REF DART SPEC. M2024T3S0.040
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.034 lbs

|            |          |                                                                                                                                                                                                                                                                                 |              |
|------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF       | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                       |              |
| DRAWN      | RF       | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                     |              |
| CHECKED    | JND      | DRAWING NO.                                                                                                                                                                                                                                                                     | REV. A       |
| MFG. APPR. | JND      | D4223                                                                                                                                                                                                                                                                           | SHEET 2 OF 8 |
| APPROVED   | JND      | TITLE                                                                                                                                                                                                                                                                           | SCALE        |
| DE APPR.   | JND      | BRACKET                                                                                                                                                                                                                                                                         | NTS          |
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**D212-725-1-077 GUSSET**  
(MAKE FROM D212-725-1-077F FLAT PATTERN)

**NOTES:**

- 1) MATERIAL: MAKE FROM D212-725-1-077F FLAT PATTERN
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.05 lbs

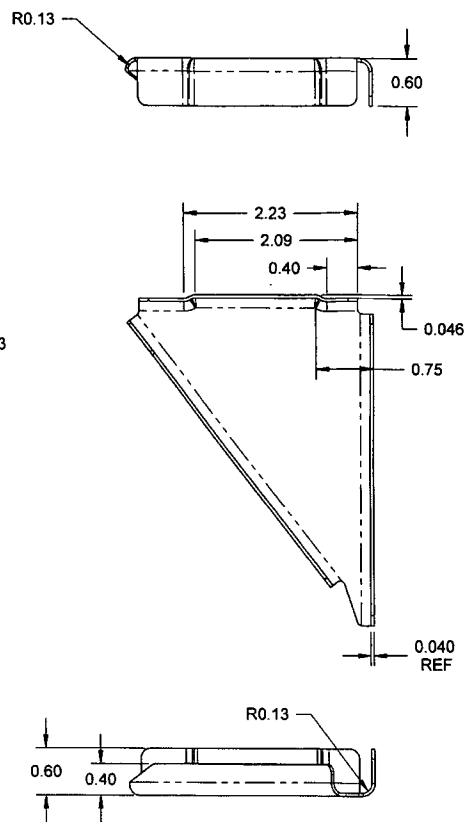
**RELEASED**  
2011-08-25

|                                                                                                                                                                                                                      |                                                                                       |                                        |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------|--------|
| DESIGN                                                                                                                                                                                                               | RF                                                                                    | <b>DART AEROSPACE LTD</b>              |        |
| DRAWN                                                                                                                                                                                                                | RF                                                                                    | HAWKESBURY, ONTARIO, CANADA            |        |
| CHECKED                                                                                                                                                                                                              |  | DRAWING NO.<br><b>D4223</b>            | REV. A |
| MFG. APPR.                                                                                                                                                                                                           |  | SHEET 3 OF 8                           |        |
| APPROVED                                                                                                                                                                                                             |  | TITLE                                  | SCALE  |
| DE APPR.                                                                                                                                                                                                             |  | <b>BRACKET</b>                         | NTS    |
| DATE                                                                                                                                                                                                                 | <b>11.02.24</b>                                                                       | COPYRIGHT © 2011 BY DART AEROSPACE LTD |        |
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**D212-725-1-078 GUSSET**  
(MAKE FROM D212-725-1-077F FLAT PATTERN)

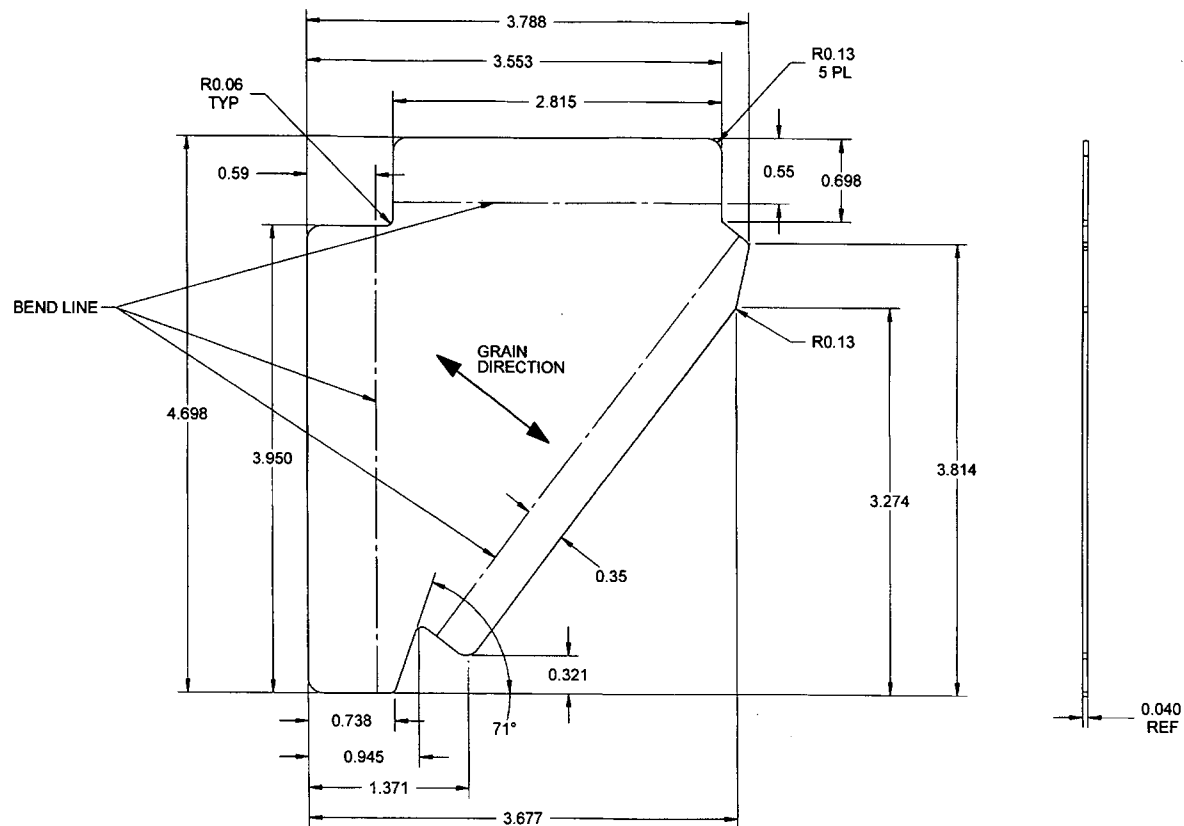
**NOTES:**

- 1) MATERIAL: MAKE FROM D212-725-1-077F FLAT PATTERN
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.05 lbs



**RELEASED**  
2011-08-25  
JMD

|            |                    |                                                                                                                                                                                                                                                                                        |              |
|------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF                 | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                              |              |
| DRAWN      | RF                 | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                            |              |
| CHECKED    | <i>[Signature]</i> | DRAWING NO.                                                                                                                                                                                                                                                                            | REV. A       |
| MFG. APPR. | <i>[Signature]</i> | <b>D4223</b>                                                                                                                                                                                                                                                                           | SHEET 4 OF 8 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                                  | SCALE        |
| DE APPR.   | <i>[Signature]</i> | <b>BRACKET</b>                                                                                                                                                                                                                                                                         | NTS          |
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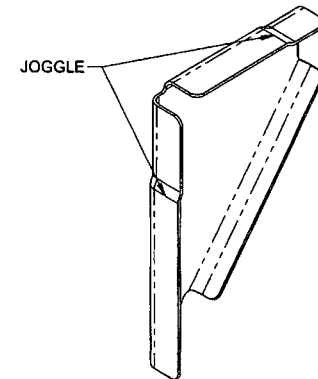
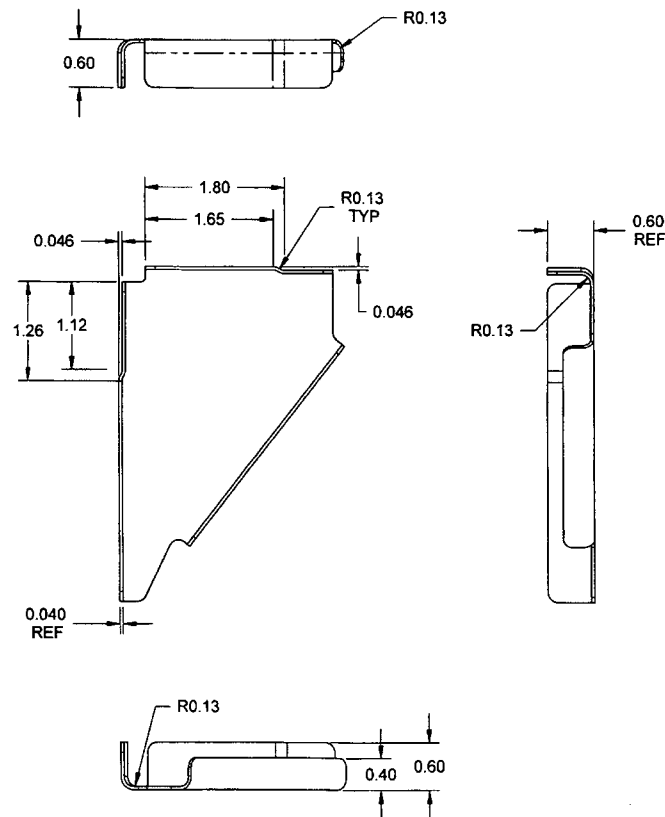


# **D212-725-1-077F FLAT PATTERN**

## **NOTES:**

- 1) MATERIAL: 2024-T3 ALUMINUM SHEET, 0.040 THICK  
PER QQ-A-250/4 OR AMS-QQ-A-250/4  
OR AMS 4037  
OR ASTM B209  
REF DART SPEC. M2024T3S0.040
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.02 lbs

|            |                    |                                                                                                                                                                                                                                                                                          |        |
|------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| DESIGN     | RF                 | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                                |        |
| DRAWN      | RF                 | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                              |        |
| CHECKED    | <i>[Signature]</i> | DRAWING NO. <b>D4223</b>                                                                                                                                                                                                                                                                 | REV. A |
| MFG. APPR. | <i>[Signature]</i> | SHEET 5 OF 8                                                                                                                                                                                                                                                                             |        |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                                    | SCALE  |
| DE APPR.   | <i>[Signature]</i> | <b>BRACKET</b>                                                                                                                                                                                                                                                                           | NTS    |
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**D212-725-1-079 BRACKET**  
(MAKE FROM D212-725-1-079F FLAT PATTERN)

**NOTES:**

- 1) MATERIAL: MAKE FROM D212-725-1-079F FLAT PATTERN
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.05 lbs

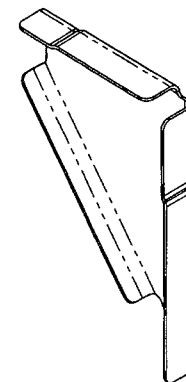
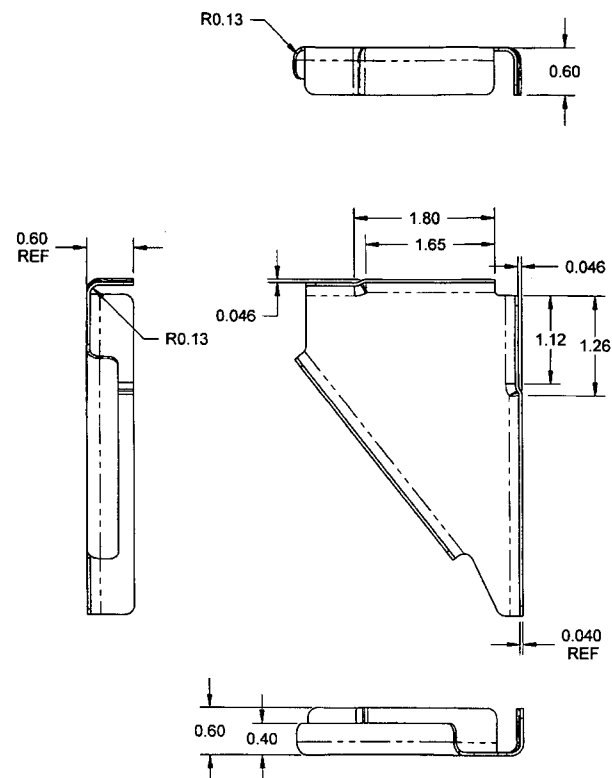
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2011-08-25

|            |                    |                                                                                                                                                                                                                                                                                                  |              |
|------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF                 | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                                        |              |
| DRAWN      | RF                 | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                                      |              |
| CHECKED    | <i>[Signature]</i> | DRAWING NO.                                                                                                                                                                                                                                                                                      | REV. A       |
| MFG. APPR. | <i>[Signature]</i> | <b>D4223</b>                                                                                                                                                                                                                                                                                     | SHEET 6 OF 8 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                                            | SCALE        |
| DE APPR.   | <i>[Signature]</i> | <b>BRACKET</b>                                                                                                                                                                                                                                                                                   | NTS          |
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**D212-725-1-080 BRACKET**  
(MAKE FROM D212-725-1-079F FLAT PATTERN)

**NOTES:**

- 1) MATERIAL: MAKE FROM D212-725-1-079F FLAT PATTERN
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.1
- 7) WEIGHT: 0.05 lbs



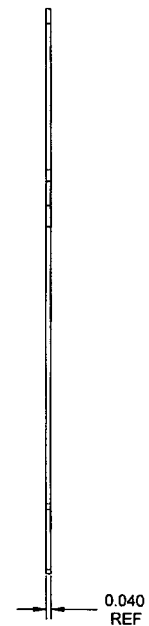
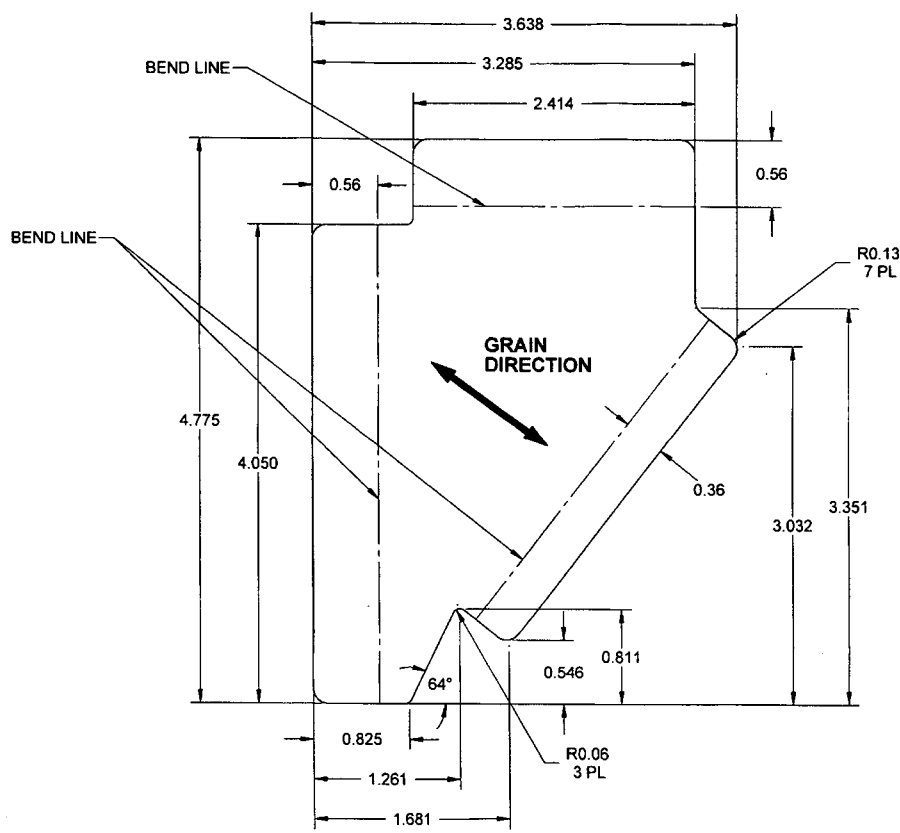
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|                                                                                                                                                                                                                                |                                                                                       |                                        |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                                         | RF                                                                                    | <b>DART AEROSPACE LTD</b>              |              |
| DRAWN                                                                                                                                                                                                                          | RF                                                                                    | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED                                                                                                                                                                                                                        |  | DRAWING NO.                            | REV. A       |
| MFG. APPR.                                                                                                                                                                                                                     |  | D4223                                  | SHEET 7 OF 8 |
| APPROVED                                                                                                                                                                                                                       |  | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                       |  | BRACKET                                | NTS          |
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8 7 6 5 4 3 2 1

D  
C  
B  
A

D  
C  
B  
A



- NOTES:
- 1) MATERIAL: 2024-T3 ALUMINUM SHEET, 0.040 THICK  
PER QQ-A-250/4 OR AMS-QQ-A-250/4  
OR AMS 4037  
OR ASTM B209  
REF DART SPEC. M2024T3S0.040
  - 2) FINISH: NONE
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
  - 6) IDENTIFICATION: N/A
  - 7) WEIGHT: 0.05 lbs

**D212-725-1-079F FLAT PATTERN**

RELEASED  
2011-08-25

|            |                    |                                                                                                                                                                                                                                                                                |              |
|------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | RF                 | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                       |              |
| DRAWN      | RF                 |                                                                                                                                                                                                                                                                                |              |
| CHECKED    | <i>[Signature]</i> | DRAWING NO.                                                                                                                                                                                                                                                                    | REV. A       |
| MFG. APPR. | <i>[Signature]</i> | D4223                                                                                                                                                                                                                                                                          | SHEET 8 OF 8 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                          | SCALE        |
| DE APPR.   | <i>[Signature]</i> | BRACKET                                                                                                                                                                                                                                                                        | NTS          |
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8 7 6 5 4 3 2 1

